

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/20/2011
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185141 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | (X3) DATE SURVEY COMPLETED C 01/06/2011 |
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| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF GEORGETOWN | STREET ADDRESS, CITY, STATE, ZIP CODE 102 POCAHONTAS TRAIL GEORGETOWN, KY 40324 |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X6) COMPLETION DATE |
|--------------------------|--|---------------------|---|----------------------------|
| K 000 | INITIAL COMMENTS An Abbreviated Life Safety Code Survey, Investigating ARO #KY0015788 was initiated on 01/06/2011 and concluded on 01/06/2011. ARO # KY00015788 was substantiated with a deficiency cited. | K 000 | | |
| K 027 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure cross corridor doors located in a smoke barrier would resist the passage of smoke. These doors must close all the way to help prevent fire/smoke from reaching other parts of the building in a fire situation. The deficiency has the potential to affect two (2) smoke compartments, sixteen (16) residents, staff, and visitors. The findings include: Observation on 01/05/2011 at 4:54 PM, with the Regional Plant Operations Manager, revealed the smoke doors located on the 100 Hall had a gap at the top of the doors. | K 027 | <p>RECEIVED JAN 27 2011 BY: _____</p> <p>K 027</p> <p>Immediate Corrective Action For Residents Found To Be Affected</p> <p>No specific resident(s) identified. However,</p> <ul style="list-style-type: none"> Maintenance Director indicated there was no negative effect on any resident located within the immediate area at the time the survey was conducted. Solicitation for bids to replace doors indicated in SOD was performed by Regional Plant Operations Manager on 01/07/2011. <p>Identification of Other Residents With The Potential to be Affected</p> <ul style="list-style-type: none"> An audit of all corridor fire doors was performed by Maintenance Director on 01/06/2011 to assure proper closer. All doors sealed as required thus no other resident(s) were identified. <p>Measures Taken To Assure There Will Not Be a Recurrence</p> <ul style="list-style-type: none"> Selected contractor will replace doors identified as soon as practical upon receipt of doors, but no later than 02/20/2011. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SIGNATURE HEALTHCARE OF GEORGETOWN

102 POCAHONTAS TRAIL

GEORGETOWN, KY 40324

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| K 027 | Continued From page 1 Interview on 01/05/2011 at 4:54 PM, with the Regional Plant Operations Manager, revealed the facility would order a new set of smoke doors, to ensure the requirements of the Life Safety Code were met. Reference: NFPA 101 (2000 edition) 8.3.4.1* Doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation and shall be without undercuts, louvers, or grilles. | K 027 | <ul style="list-style-type: none"> Corridor fire doors will be added to weekly Maintenance Quality Assurance Inspection Report beginning January 31, 2011 to assure proper closer and seal. <p>Monitoring Changes To Assure Continuing Compliance</p> <ul style="list-style-type: none"> Maintenance Director/designee inspection report shall be submitted to the Quality Assurance Committee at least Quarterly for review and revision until the Quality Assurance committee has determined 100% compliance is achieved. <p>Date of Completion:</p> | 02/20/2011 |